

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, July 20, 2018 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair M. Hill Hammock (ex-officio) and Directors Emilie N. Junge and David Ernesto Munar

Patrick T. Driscoll, Jr. and Patricia Merryweather (non-Director Members)

Absent: None (0)

Additional attendees and/or presenters were:

Debra Carey – Deputy Chief Executive Officer, Operations

John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

Jeff McCutchan –General Counsel

Deborah Santana – Secretary to the Board

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from the Chief Quality Officer

A. Regulatory and Accreditation Updates

Debra Carey, Deputy Chief Executive Officer of Operations, introduced and welcomed the System's new Chief Operating Officer of Ambulatory Services, Ms. Iliana Mora.

Dr. John Jay Shannon, Chief Executive Officer, noted that staff are in continued readiness for the visit from representatives from The Joint Commission (TJC) at Stroger Hospital; that visit will include Stroger Hospital and the Stroger Hospital-affiliated clinics, and will happen sometime between now and October.

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that, at the last EMS meeting, a report from the Department of Surgery was received. It showed a nice uptick in the number of surgeries performed, and provided information on their work to improve operating room turnover time.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, presented her report. She stated that they continue to work on increasing numbers in the surgical suite. Additionally, the medical staff are making a renewed commitment to improving documentation.

The Committee considered the proposed medical staff appointments/reappointments/changes for Stroger and Provident Hospitals. Chair Gugenheim noted that a correction was made to a proposed initial appointment application for one (1) Provident Hospital physician. Dr. Ali Ayoub was erroneously described under the category of Affiliate; he should be described as Voluntary.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County, as amended. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, June 22, 2018

Chair Gugenheim stated that an amendment to the Minutes has been requested to fix the appointment dates of initial appointments for two (2) physicians that were incorrectly approved for one (1) year terms instead of two (2) year terms. By approving the Minutes as amended, this will approve and ratify the correction. Below is the correction that was requested.

Initial Applications Physicians:

Name	Category	Department / Division	Appointment Term
Needleman, Robert MD	Active	Emergency Medicine	June 22, 2018 through June 21, 2019 2020
Peterson, Jenna PsyD	Active	Correctional Health/Psychiatry	June 22, 2018 through June 21, 2019 2020

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Minutes of the Quality and Patient Safety Committee Meeting of June 22, 2018, as amended. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

D. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Litigation Matter(s)**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**

The Committee did not recess into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

There were no requests made at the meeting.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
July 20, 2018

ATTACHMENT #1



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Quality and Patient Safety Committee
Dashboard Overview

20 July 2018

Ronald Wyatt, MD, Chief Quality Officer



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS
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Quality – Stroger

CCHHS QPS Committee Dashboard																		
Data as of 7/11/2018		CY2017								CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES		Q2 2017		Q3 2017			Q4 2017			Q1 2018			Q2 2018					
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May				
Stroger																		
Core Measures																		
Venous Thromboembolism (VTE) Prevention Only (%)	86**	86**	85**	85**	86**	86**	86**	88**	86**	87**	87**	87**	90**	99	-9%			
Care for Stroke Patients (%)	96	98	94	97	93	90	92	98	90	93	99	99	98	100	-2%			
Influenza Vaccination (%)	**N/S	**N/S	**N/S	**N/S	**N/S	43	66	58	58	78	85	**N/S	**N/S	90	-5%			
Efficiency - Operating Room																		
Surgery Begins at Scheduled Time (%)	73***	70***	72***	66***	59***	63***	66***	65***	68***	67***	55***	63***	63***	80	-17%			
OR Room Turn Around Time (minutes)	53***	62***	55***	61***	69***	69***	65***	65***	62***	64***	63***	68***	62***	30	106%			

LEGEND
* Data represents automated collection
** VTE reported from Qtrly eCQM
**** Under Revision
***OR Times revised data collection
***** Pt Experience revised 6mo data collection
* Variance is target to recent month
* N/S: Not Sufficient data collected
**N/S: Pneumococcal no longer being measured



Quality – Provident

CCHHS QPS Committee Dashboard																		
Data as of 7/11/2018		CY2017							CY2018							TARGET	VARIANCE *	
PERFORMANCE MEASURES		Q2 2017		Q3 2017			Q4 2017		Q1 2018			Q2 2018						
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May				
Provident																		
<i>Core Measures</i>																		
Venous Thromboembolism (VTE) Prevention Only (%)		92**	100**	96**	94**	95**	96**	100**	100**	100**	100**	100**	98**	100**	99	1%		
Influenza Vaccinations (%)		** N/S	** N/S	** N/S	** N/S	** N/S	97	100	95	95	97	100	** N/S	** N/S	90	10%		
<i>Efficiency - Operating Room</i>																		
Surgery Begins at Scheduled Time (%)		87	78	91	85	84	79	87	73	74	74	81	90	84	80	4%		
OR Room Turn Around Time (minutes)																30		

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Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 7/11/2018		CY2017						CY2018						TARGET	VARIANCE *
PERFORMANCE MEASURES		Q2 2017		Q3 2017		Q4 2017		Q1 2018			Q2 2018				
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Safety															
HAC: Pressure Ulcer Stages III & IV	4	4	4	4	7	3	3	5	8	1	2	5	2		
HAC: Falls with Injury	3	3	2	3	2	6	4	3	6	8	3	6	0		
HAI: CLABSI	1	1	0	1	0	0	0	0	2	1	1	0	1		
HAI: CAUTI	2	0	3	5	1	0	0	0	0	0	1	1	2		
HAI: C.difficile	3	5	0	8	5	6	4	2	6	4	2	6	11		
HAI: MRSA	0	1	0	1	0	1	0	0	2	0	2	0	0		
HAI: SSI	0	1	2	0	0	1	2	1	*****	*****	*****	*****	*****		

LEGEND
HAC: Hospital Acquired Conditions
HAI: Hospital Acquired Infections
HAI CLABSI: Central line-associated blood stream
HAI CAUTI: Catheter-associated urinary tract infections
HAI C.diff: Clostridium difficile Infection (CDI)
HAI MRSA: Methicillin Resistant Staphylococcus aureus
HAI SSI: Surgical Site Infection



Patient Experience – Stroger

CCHHS QPS Committee Dashboard																			
Data as of 7/11/2018		CY2017									CY2018						TARGET	VARIANCE *	
PERFORMANCE MEASURES		Q2 2017			Q3 2017			Q4 2017			Q1 2018			Q2 2018					
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May					
Patient Experience																			
Willing to Recommend Hosp (% top box)	65	76	71	73	68	63	69	63	67	61	76	70	73	85	85	-12%			
Communication with Doctors (% top box)	82	85	84	86	81	82	78	79	82	80	86	80	79	88	88	-9%			
Communication with Nurses (% top box)	70	72	71	70	68	70	59	64	63	65	73	68	65	86	86	-21%			
Cleanliness (% top box)	51	56	51	55	48	55	49	51	59	56	63	43	60	77	77	-17%			

LEGEND

- **** Pt Experience revised 6mo data collection
- * Variance is target to recent month
- * N/S: Not Sufficient data collected



Patient Experience – Provident

CCHHS QPS Committee Dashboard																
Data as of 7/11/2018		CY2017							CY2018						TARGET	VARIANCE *
PERFORMANCE MEASURES		Q2 2017		Q3 2017			Q4 2017		Q1 2018			Q2 2018				
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
Patient Experience																
Willing to Recommend Hosp (% top box)	55****	71****					N/S	N/S	N/S	N/S	N/S	85	85	-14%		
Communication with Doctors (% top box)	75****	85****					N/S	N/S	N/S	N/S	N/S	88	88	-3%		
Communication with Nurses (% top box)	77****	81****					N/S	N/S	N/S	N/S	N/S	86	86	-5%		
Cleanliness (% top box)	48****	63****					N/S	N/S	N/S	N/S	N/S	77	77	-14%		

LEGEND

**** Pt Experience revised 6mo data collection

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COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS
CCHHS Board QPS Committee

ACHN

CCHHS QPS Committee Dashboard															
Data as of 7/11/2018		CY2017								CY2018					
PERFORMANCE MEASURES		Q2 2017		Q3 2017			Q4 2017			Q1 2018			Q2 2018		
		May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
ACHN															
HEDIS Measures															
Lead Screening Status in Children at 2 years	73	75	73	68	72	62	59	48	70	72	61	60	58	80	-22%
Well Child Visits first 15 months	55	43	55	42	36	31	18	27	39	39	31	40	37	75	-38%
Immunizations: Up to date in children at 24 months	82	84	81	76	80	79	81	73	42*	37*	30*	37*	30*	77	-47%
Diabetes Control % with Hgb A1C >9%	75	77	77	76	77	77	78	77	36*	36*	37*	38*	38*	35	-3%
Diabetes - Annual Retinal Eye Exam	33	33	32	31	30	30	29	29	33	35	35	35	34	63	-29%
Diabetes - Annual Nephropathy Screen	87	87	86	86	84	83	83	81	90	90	89	88	88	85	3%
Patient Experience															
Moving Through Visit (mean)	69	66	65	66	68	68	72	67	70	70	67	66	69	75	-6%
Telephone Access (mean)	58	62	58	64	64	60	62	68	67	68	64	56	63	75	-12%
Cleanliness of Practice (mean)	85	83	84	87	86	88	88	84	87	85	85	82	82	77	5%

LEGEND

* Data is being reported from HEDIS Data



Board Quality Dashboard

CCHHS QPS Committee Dashboard			CCHHS Board Metrics - Quality						TARGET	VARIANCE*		
Data as of 7/11/2018			CY2017			CY2018						
PERFORMANCE MEASURES			2Q17	3Q17	4Q17	1Q18	2Q18					
							APR	May				
Strong												
Core Measures										Monthly Composite		
Venous Thromboembolism (VTE) Prevention Only (%)	84**	85**	86**	87**	87**	90**	99%		-12%			
Efficiency - Operating Room										Monthly %		
Surgery Begins at the Scheduled Time (%)	72***	66***	65***	63***	63***	63***	80%		-17%			
Safety										Total # of Events		
Events: Ulcers, Falls, CLABSI, CAUTI, C. diff, MRSA and SSI	49	48	41	49	18	16						
Patient Experience												
Willing to Recommend Hosp (% top box)	72	70	67	68	70	73	85%		-17%			
Provident												
Core Measures												
Venous Thromboembolism (VTE) Prevention Only (%)	96**	94 **	99**	100**	98**	100**	99%		1%			
Efficiency - Operating Room										Monthly %		
Surgery Begins at the Scheduled Time (%)	85	87	80	76	90	84	80%		-4%			
Patient Experience												
Willing to Recommend Hosp (% top box)	55****	71****		N/S	N/S	N/S	85%		-14%			
ACHN												
Diabetes Control % with Hgb A1C >9%	73	78	77	36	38*	38*	35%		-1%			
Patient Experience: Moving Through Visit (mean)	68	68	69	69	66	69	75%		-6%			
Patient Experience: Telephone Access (mean)	63	62	63	66	56	63	75%		-9%			
Cleanliness of Practice (mean)	84	86	87	86	82	82	77%		9%			

LEGEND

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** VTE reported from Qtrly eCQM

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Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
July 20, 2018

ATTACHMENT #2



COOK COUNTY HEALTH & HOSPITALS SYSTEM
Medical Staff Services
1900 West Polk Street, Suite 1201
Chicago, Illinois 60612
(O) 312-864-0458 (F) 312-864-9658
www.cookcountyhhs.org

Toni Preckwinkle
President
Cook County Board of
Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health &
Hospitals System

Board Members
M. Hill Hammock
Chairman
Commissioner Jerry Butler
Vice Chairman
Virginia Bishop, MD, MPH
Mary Driscoll, RN, MPH
Ada Mary Gugenheim
Emilie N. Junge
David Ernesto Munar
Robert G. Reiter, Jr.
Mary B. Richardson-Lowry
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

Austin Health Center
Cermak Health Services
Children's Advocacy Center
Cicero Health Center
Ruth M. Rothstein
CORE Center
Cottage Grove Health Center
CountyCare Health Plan
Englewood Health Center
Logan Square Health Center
Morton East Adolescent
Health Center
Near South Health Center
Oak Forest Health Center
Dr. Jorge Prieto Health Center
Provident Hospital
Cook County Department
of Public Health
Robbins Health Center
John Sengstacke Health Center
John H. Stroger, Jr. Hospital
Vista Health Center
Woodlawn Health Center

Deb Santana
Secretary to the Board
Cook County Health & Hospitals System

Date: July 13, 2018

Dear Members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr Hospital of Cook County at its monthly meeting held on July 10, 2018, approved the attached list of medical staff action items for your consideration.

Thank you very much.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "T- J. Lewis".

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective July 20, 2018 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

Initial Applications:

Name	Category	Department / Division	Appointment Term
Alonso, Vanessa, MD	Active	Medicine/General Medicine	July 20, 2018 through July 19, 2020
Barron, Anastasia, DO	Active	Radiology	July 20, 2018 through July 19, 2020
Berg, Daniel, MD	Active	Family Medicine	July 20, 2018 through July 19, 2020
Braverman, Jaime, MD	Voluntary	Pediatrics/ Critical Care Unit	July 20, 2018 through July 19, 2020
Christopher, Michelle, MD	Voluntary	Medicine/General Medicine	July 20, 2018 through July 19, 2020
Dawood, Sherif F., MD	Voluntary	Surgery/Ophthalmology	July 20, 2018 through July 19, 2020
Gonzalez, Hemil, MD	Voluntary	Medicine/Infectious Disease	July 20, 2018 through July 19, 2020
Greenwald, Mark J., MD	Consulting	Surgery/Ophthalmology	July 20, 2018 through July 19, 2020
Guttikonda, Sameera, MD	Active	Psychiatry	July 20, 2018 through July 19, 2020
Kramer, Kristina, MD	Voluntary	Trauma	July 20, 2018 through July 19, 2020
Matrova, Eliza, MD	Active	Pathology	July 20, 2018 through July 19, 2020
Meier, Garnet, MD	Active	Medicine/Endocrinology	July 20, 2018 through July 19, 2020
Palma, Camille V., MD	Voluntary	Surgery/Ophthalmology	July 20, 2018 through July 19, 2020
Rosenblatt, Jeffrey, DO	Active	Family Medicine	July 20, 2018 through July 19, 2020
Tottleben, Jonathan, MD	Active	Medicine/Cardiology	July 20, 2018 through July 19, 2020
Wilson, David J., MD	Active	Surgery/Orthopaedic	July 20, 2018 through July 19, 2020

Initial Applications for Non-Medical Staff:

Name	Category	Department/ Division	CCHHS	Appointment Term
Ciennik, Elizabeth, PA-C	Physician Assistant	Emergency Medicine	APPROVED	July 20, 2018 through July 19, 2020

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 20, 2018

Reappointment Applications Physicians:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Alexander, Bozana, MD	Active		July 22, 2018 through July 21, 2020
Al-Jindi, Piotr, MD	Active		August 26, 2018 through August 25, 2020
Kolesnikov, Igor, MD	Active		August 26, 2018 through August 25, 2020

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Menezes, Ralph, MD	Active	Psychiatry	August 25, 2018 through August 24, 2020
Howard, Jonathan, MD	Active	Psychiatry	August 15, 2018 through August 14, 2020

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Abiona, Titilayo, MD	Active		August 09, 2018 through August 08, 2020
Cambalik, Stephen, MD	Active		August 25, 2018 through August 24, 2020
Lyn, Whitney, MD	Active		August 09, 2018 through August 08, 2020



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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 20, 2018

Department of Medicine:

Name	Category	Division	Reappointment Term
Abraham, Mohan, MD	Active	Nephrology	September 28, 2018 through September 27, 2020
Abrahamian, Frida, MD	Voluntary	Gastroenterology	September 06, 2018 through September 05, 2020
Aluen Metzner, Irene MD	Active	General Medicine	August 09, 2018 through August 08, 2020
Aziz, Mariam S., MD	Voluntary	Infectious Disease	August 26, 2018 through August 25, 2020
Ezike, Chukwuemeka F. MD	Active	General Medicine	August 26, 2018 through August 25, 2020
Ilie, Ionut O., MD	Active	General Medicine	August 26, 2018 through August 25, 2020
Jabbar, Umair, MD	Active	Hospital Medicine	July 22, 2018 through July 21, 2020
Joshi, Amit J., MD	Active	Nephrology	August 09, 2018 through August 08, 2020
Licht, Sherry, MD	Active	General Medicine	August 08, 2018 through August 07, 2020
Mackie, Orlando, B., MD	Active	General Medicine	August 26, 2018 through August 25, 2020
Mahapatra, Ena MD	Active	General Medicine	September 06, 2018 through September 05, 2020
Mason, Ellen, MD	Voluntary	General Medicine	September 28, 2018 through September 27, 2020
Murray, Linda Rae, MD	Voluntary	Medicine/Pulmonary	July 20, 2018 through July 19, 2019
Nika, Ailda MD	Voluntary	Rheumatology	August 26, 2018 through August 25, 2020
Oyedele, Temitope MD	Active	Infectious Disease	August 20, 2018 through August 19, 2020
Pierre-Louis, Serge, MD	Active	Neurology	August 09, 2018 through August 08, 2020
Reid, David C., MD	Active	Dermatology	September 23, 2018 through September 22, 2020
Vargas, Sergio, MD	Active	Hospital Medicine	September 27, 2018 through September 26, 2020
Won, Sarah, MD	Voluntary	Infectious Disease	July 22, 2018 through July 21, 2020
Zawitz, Chad MD	Active	Infectious Disease	August 09, 2018 through August 08, 2020



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ON JULY 20, 2018

Department of Oral Health:

Name	Category	Division	Reappointment Term
Balla, Leszek, DDS	Active		August 14, 2018 through August 13, 2020
Couch, Clariss, DDS	Active		August 14, 2018 through August 13, 2020
Lightfoot, Lori, DDS	Active		August 14, 2018 through August 13, 2020
Prozorovsky, Thomas, DDS	Active		August 09, 2018 through August 08, 2020

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
Hansbrough, Valerie, MD	Affiliate		August 09, 2018 through August 08, 2020

Department of Radiology:

Name	Category	Division	Reappointment Term
Apushkin, Michael, MD	Active	Diagnostic Radiology	October 18, 2018 through October 17, 2020
Marshall, Robert, MD	Voluntary		August 21, 2018 through August 20, 2020

Department of Surgery:

Name	Category	Division	Reappointment Term
Caughlin, Benjamin P., MD	Active	Otolaryngology	August 16, 2018 through August 15, 2020
Conley, David B., MD	Active	Otolaryngology	August 16, 2018 through August 15, 2020
Hasan, Jafar S., MD	Active	Plastics Surgery	August 16, 2018 through August 15, 2020
Hollowell, Courtney M.P., MD	Active	Urology	August 16, 2018 through August 15, 2020
Lygizos, Nicholas A., MD	Consulting	Otolaryngology	August 16, 2018 through August 15, 2020
McDonald, Sarah F., MD	Active	Otolaryngology	August 21, 2018 through August 20, 2020
Panos, George S., DDS	Active	Oral & Maxillofacial	August 26, 2018 through August 25, 2020
Seder, Christopher W., MD	Voluntary	Cardiothoracic	July 19, 2018 through July 18, 2020



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ON JULY 20, 2018

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Biancalana-Marsh, Lisa A., CNP	Nurse Practitioner	Medicine/General Medicine	August 16, 2018 through August 15, 2020
Falola, Eto, CNP	Nurse Practitioner	OB/Gyn	August 16, 2018 through August 15, 2020
Holt, Geraldine, CNS	Clinical Nurse Specialist	Medicine/Endocrinology	July 22, 2018 through July 21, 2020
Jimenez, Jose Ph.D.	Clinical Psychologist	Correctional Health/Psychiatry	August 25, 2018 through August 24, 2020
Martinez, Salvador PA-C	Physician Assistant	Correctional Health/Psychiatry	August 26, 2018 through August 25, 2020
Mason, Allison Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	July 22, 2018 through July 21, 2020
Mathew, Lizamma, CNP	Nurse Practitioner	Medicine/Cardiology	August 16, 2018 through August 15, 2020
Nafziger-Kang, Lisa A., CNP	Nurse Practitioner	Surgery/ Colon-Rectal	August 16, 2018 through August 15, 2020
Roman, Latoya E., CNP	Nurse Practitioner	Medicine/Infectious Disease	August 16, 2018 through August 15, 2020
Songkum, Jantanee CNP	Nurse Practitioner	Peds/Neonatology	August 16, 2018 through August 15, 2020

Non Physician Additional Privileges/New Agreements:

Name	Category	Department Request
Nwawueze, Josephine, CNP	Nurse Practitioner	Family Medicine
Sanchez, Luis, PA-C	Physician Assistant	Family Medicine

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Sidney A. Thomas, MSW

Austin Health Center
Cermak Health Services
Children's Advocacy Center
Cicero Health Center
Ruth M. Rothstein
CORE Center
Cottage Grove Health Center
CountyCare Health Plan
Englewood Health Center
Logan Square Health Center
Morton East Adolescent
Health Center
Near South Health Center
Oak Forest Health Center
Dr. Jorge Prieto Health Center
Provident Hospital
Cook County Department
of Public Health
Robbins Health Center
John Sengstacke Health Center
John H. Stroger, Jr. Hospital
Vista Health Center
Woodlawn Health Center

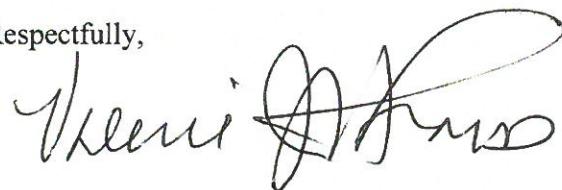
Deborah Santana
CCHHS Secretary to the Board
1900 W. Polk Street, Room 211
Chicago, IL 60612

July 6, 2018

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on July 6, 2018 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,



Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee
FROM: Valerie Hansbrough, MD
President, Medical Executive Committee
SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on
7/20/2018

Medical Staff Appointments/Reappointments Effective July 20, 2018 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Applications:

Name	Category	Department / Specialty	Appointment Term
Alonso, Vanessa, MD	Affiliate	Internal Medicine	July 20, 2018 thru July 19, 2020
Ayoub, Ali, MD	Affiliate-Voluntary	Internal Medicine	July 20, 2018 thru July 19, 2019
Barron, Anastasia, DO	Affiliate	Radiology	July 20, 2018 thru July 19, 2020
Golzar, Yasmeen, MD	Affiliate	Internal Medicine/Cardiology	July 20, 2018 thru July 19, 2020
Greenwald, Mark J., MD	Affiliate	Surgery/Ophthalmology	July 20, 2018 thru July 19, 2020
Meier, Garnet, MD	Affiliate	Internal Medicine/Endocrinology	July 20, 2018 thru July 19, 2020
Naheed, Zahra, MD	Affiliate	Pediatrics/Cardiology	July 20, 2018 thru July 19, 2020
Tottleben, Jonathan, MD	Affiliate	Internal Medicine/Cardiology	July 20, 2018 thru July 19, 2020

Initial Application for Non-Physician Appointment:

Name	Category	Department/Specialty	Appointment Term
Miranda, Karina, PA-C	Physician Assistant	Family Medicine	July 20, 2018 thru July 19, 2020


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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
on JULY 20, 2018

REVISED

Reappointment Applications Physicians:

Department of Emergency Medicine:

Name	Category	Department/Specialty	Appointment Term
Ampaloor, Sheba, MD	Active	Emergency Medicine	August 9, 2018 thru August 8, 2020
Murphy, Michael, DO	Active	Emergency Medicine	August 21, 2018 thru August 20, 2020
Smith, Bridgette, MD	Active	Emergency Medicine	August 9, 2018 thru August 8, 2020

Department of Family Medicine:

Name	Category	Department/Specialty	Appointment Term
Lyn, Whitney, MD	Active	Family Medicine	August 9, 2018 thru August 8, 2020

Department of Internal Medicine:

Name	Category	Department/Specialty	Appointment Term
Macias, Carmen P., MD	Affiliate	Cardiology	August 28, 2018 thru August 27, 2020
McDunn, Susan, MD	Affiliate	Hematology/Oncology	September 20, 2018 thru September 19, 2020
Mullane, Michael, MD	Affiliate	Hematology/Oncology	August 15, 2018 thru August 14, 2020
Oyedele, Temitope, MD	Affiliate	Internal Medicine	August 20, 2018 thru August 19, 2020
Turner, Arnold, F., MD	Active	Internal Medicine	August 16, 2018 thru August 15, 2020

Department of OB/GYN:

Name	Category	Department/Specialty	Appointment Term
Hansbrough, Valerie, MD	Active	OB/GYN	August 9, 2018 thru August 8, 2020



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ON JULY 20, 2018

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Department of Radiology:

Name	Category	Department/Specialty	Appointment Term
Apushkin, Michael, MD	Affiliate	Radiology	August 15, 2018 thru August 14, 2020

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Caughlin, Benjamin P., MD	Affiliate	Otolaryngology	September 20, 2018 thru September 19, 2020
Beck, Traci P., MD	Affiliate	Urology	August 26, 2018 thru August 25, 2020
Hasan, Jafar, S., MD	Affiliate	Plastic Surgery	August 16, 2018 thru August 15, 2020
Hollowell, Courtney, M.P., MD	Affiliate	Urology	August 16, 2018 thru August 15, 2020

Reapplication for Non-Physician Appointment:

Name	Category	Department/Specialty	Appointment Term
Melvin, Amy, CNP	Nurse Practitioner	Internal Medicine	August 16, 2018 thru August 15, 2020

Medical Staff Additional Clinical Privileges:

Name	Department/ Division	Discussion	Recommendation
Fullilove, Constance, Ph.D.	Psychiatry	New approved Psychiatry dept & Privilege form	Approved.

Provisional To Full:

Name	Department/ Division	Discussion	Recommendation
Abcarian, Ariane M., MD	Surgery/Colon-Rectal	Form reviewed and presented with no issues identified.	Approved.
Blair, Michael P., MD	Surgery/Ophthalmology	Form reviewed and presented with no issues identified.	Approved.
Erdman, Nathaniel M., OD	Surgery/Optometrist	Form reviewed and presented with no issues identified.	Approved.
Murphy, Adam B., MD	Surgery/Urology	Form reviewed and presented with no issues identified.	Approved.
Patel, Kevin, MD	Surgery/Ophthalmology	Form reviewed and presented with no issues identified.	Approved.
Shapiro, Michael J., MD	Surgery/Ophthalmology	Form reviewed and presented with no issues identified.	Approved.


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ON JULY 20, 2018

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Medical Staff Category and/or Department Change With No Change In Privileges:

Name	Department/ Specialty	From	To	Recommendation
Emil F.H. Totonchi, MD	Surgery/Urology	Active	Voluntary	Approved

Non Physician Additional Privileges/New Agreements

Category	Department Request	Discussion	Recommendation
Onwume, Bundo E., PA-C	Surgery/Urology	Agreement reviewed and presented with no issues identified.	Approved.
Shah, Chandrika H., PA-C	Surgery/Urology	Agreement reviewed and presented with no issues identified.	Approved.

Revision of Privilege Form:

Department	Privileges Requesting	Discussion	Recommendation
Emergency Medicine	Include C-arm use in the management of fracture / dislocations and revision of wording in the Ultrasound section.	Forms will be emailed to the Credentials Committee. Members will be requested to vote electronically.	Approved
Psychiatry	1. Tele psychiatry from Cermak only to all CCHHS Sites. 2. Adding Juvenile Detention facility to criteria Cermak and Juvenile Detention only: APPIC listed pre-doctoral internship or an APA accredited pre-doctoral internship and an FPPE supervised for 6 months by a CCHHS credentialed psychologist.	Forms will be emailed to the Credentials Committee. Members will be requested to vote electronically.	Approved
Radiology	Revised and updated Radiology privileges including Core Interventional radiology, intracranial neurodiagnostic, spinal diagnostic, neurointerventional and endovascular surgery procedures, vertebroplasty and Teleradiology	Forms will be emailed to the Credentials Committee. Members will be requested to vote electronically.	Approved

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JULY 20, 2018

1


REVISED

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
July 20, 2018

ATTACHMENT #3

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, June 22, 2018 at the hour of 9:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chairman M. Hill Hammock (ex-officio) and Directors Emilie N. Junge and Mary B. Richardson-Lowry

Patrick T. Driscoll, Jr. (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Douglas Elwell – Deputy Chief Executive Officer,
Finance and Strategy

Claudia Fegan, MD – Chief Medical Officer

Jarrod Johnson – Chief Operating Officer,
Hospital-Based Services

Elizabeth Marcus, MD – John H. Stroger, Jr.
Hospital of Cook County

Jeff McCutchan –General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report on Quality and Patient Safety Matters

A. Regulatory and Accreditation Updates

Dr. John Jay Shannon, Chief Executive Officer, provided an update on regulatory and accreditation matters. The organization participated as a regional resource in a City-wide emergency preparedness drill on May 15th. He added that the administration has a meeting next week with the federal judge overseeing the Consent Decree on correctional health; he anticipates that this will be the final meeting with the judge.

Staff are in continued readiness for the visit from representatives from The Joint Commission (TJC) at Stroger Hospital; that visit will include Stroger Hospital and the Stroger Hospital-affiliated clinics, and will happen sometime between now and October. Staff are particularly focusing on areas involving environment of care and staff safety issues, and infection prevention including high-level disinfection, due to increased attention in these areas over the last handful of years by the regulatory bodies. Because the organization is also being recertified for its primary care medical homes, he expects that the survey team will consist of at least eight (8) surveyors, and the survey will last for a minimum of four (4) days.

III. Report on Quality and Patient Safety Matters (continued)

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

Director Driscoll stated that she would like to see a couple of new indicators added to the metrics. She suggested that a new category be added that measures how the organization performs on some of the indicators that may affect finances down the road, such as thirty (30) day hospital readmissions. She recommended that Dr. Wyatt work with Chairman Gugenheim to develop a revised set of metrics for the Committee. Chairman Gugenheim noted that it is her intent to review this subject at the earliest possible date.

Board Chairman Hammock noted that when the subject of metrics was initially discussed, what the Board wanted was to have a person like Dr. Wyatt and hospital staff look at what metrics they need on a day-to-day basis to most effectively provide safe, high-quality patient care. Then, after it is determined which metrics are critical for staff needs, a synopsis or summary of those would be shared with the Board. Additionally, the Board wants to see how the organization is measured or compared against external hospitals.

Dr. Wyatt provided his thoughts on the subject, with regard to areas of focus for metrics. Additionally, he provided information on the increased emphasis on the culture of safety and referenced a section in TJC's patient safety chapter regarding leadership; he noted that there is a tight alignment between leadership and safety culture. He stated that it is his intent to build a strategic dashboard; a data analytics plan that is actionable on the back end needs to be put together.

Dr. Shannon stated that, in the fall, three (3) surveys will be administered by Press Ganey across the staff. The first survey is a repeat of the nurse satisfaction survey, which is an annual activity. The second survey will be a culture of safety survey; the previous survey was done two (2) years ago. The third survey will be an employee engagement survey that will go out to all staff; the last one was done in 2011. Those surveys will provide a rich set of information of the organization's current state and opportunities to be considered. It is anticipated that it will take a handful of weeks to get those surveys done; the administration is pushing to get as much participation from staff as possible. It will take a little time to receive and digest the responses to those surveys; following that, the information will be shared with the Board.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

B. Approve 2018 Plan for Patient Care for John H. Stroger, Jr. Hospital of Cook County

A revised version of the proposed Plan was deferred to the Board of Directors Meeting on June 29, 2018; deferral of the item will allow for more time for the Directors' review before consideration.

IV. Action Items (continued)**C. Proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County (Attachment #2)**

Dr. Elizabeth Marcus, Chair of the Executive Medical Staff Bylaws Committee, presented the proposed Amendments for the Committee's consideration. She stated that the Bylaws Committee is submitting these amendments in order to have the Bylaws to reflect how the medical staff currently practices, and to make this a timeless and more nimble document. It was noted that the last major substantive revision to these was made in 2012.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

D. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #3)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, were unable to attend the meeting.

The Committee considered the proposed medical staff appointments/reappointments/changes for Stroger and Provident Hospitals.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

A request to amend two (2) Initial Medical Staff Appointments for John H. Stroger approved on June 22, 2018 was received on July 18, 2018. The proposed amendments were recommended for approval by the Quality and Patient Safety Committee on July 20, 2018, and were approved by the Board of Directors on July 27, 2018.

Initial Applications Physicians:

Name	Category	Department / Division	Appointment Term
Needleman, Robert MD	Active	Emergency Medicine	June 22, 2018 through June 21, <u>2019</u> 2020
Peterson, Jenna PsyD	Active	Correctional Health/Psychiatry	June 22, 2018 through June 21, <u>2019</u> 2020

IV. Action Items (continued)

E. Minutes of the Quality and Patient Safety Committee Meeting, May 18, 2018

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of May 18, 2018. THE MOTION CARRIED UNANIMOUSLY.

F. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Litigation Matter(s)**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yea: Chairman Gugenheim and Directors Driscoll and Suleiman Gonzalez

(3)

Nay: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee recessed into a closed meeting.

Chairman Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: Request made to include a couple of new indicators within the Committee's metrics - perhaps add a new category with regard to how the organization performs on some of the indicators that affect finances. Page 2